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Bib Data Sheet

CONFIRMATION NO. 9763

SERIAL NUMBER 09/832,729	FILING DATE 04/09/2001 RULE	CLASS 494	GROUP ART UNIT 1723	ATTORNEY DOCKET NO. P9520	
APPLICANTS Robert F. Baugh, Parker, CO; Lisa M. Lim, Mill Creek, WA; Julie S. Eaton, Conifer, CO; John G. Rivera, Reading, PA; Victor D. Dolecek, Englewood, CO;					
** CONTINUING DATA ***** THIS APPLICATION IS A CIP OF 09/063,338 04/20/1998 * <i>Witz</i> WHICH IS A CIP OF 08/640,278 04/30/1996 ABN <i>Witz 1651</i> (*) Data inconsistent with PTO records.					
** FOREIGN APPLICATIONS *****					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 06/07/2001					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance		STATE OR COUNTRY CO	SHEETS DRAWING 39	TOTAL CLAIMS 9	INDEPENDENT CLAIMS 1
Verified and Acknowledged Examiner's Signature _____ Initials _____					
ADDRESS Steven C. Petersen Hogan & Hartson, LLP Suite 1500 1200 17th Street Denver, CO 80202					
TITLE Autologous platelet gel spray delivery system					
FILING FEE RECEIVED 840	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		



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CONFIRMATION NO. 9763

SERIAL NUMBER 09/832,729	FILING DATE 04/09/2001 RULE	CLASS 604	GROUP ART UNIT 3763	ATTORNEY DOCKET NO. P9520
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APPLICANTS

Robert F. Baugh, Parker, CO;
Lisa M. Lim, Mill Creek, WA;
Julie S. Eaton, Conifer, CO;
John G. Rivera, Reading, PA;
Victor D. Dolecek, Englewood, CO;

**** CONTINUING DATA *******

This application is a CIP of 09/063,338 04/20/1998 PAT 6,444,228 *
which is a CIP of 08/640,278 04/30/1996 ABN
(*Data provided by applicant is not consistent with PTO records.

**** FOREIGN APPLICATIONS *********IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

** 06/07/2001

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35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

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TITLEB
AUTOLOGOUS PLATELET GEL DELIVERY SYSTEM

FILING FEE RECEIVED 840	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
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		<input type="checkbox"/> 1.18 Fees (Issue)
		<input type="checkbox"/> Other _____
		<input type="checkbox"/> Credit